

EXHIBIT A

Department of State: Division of Corporations

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Entity Details

THIS IS NOT A STATEMENT OF GOOD STANDING

File Number: **3013119** Incorporation Date / Formation Date: **3/5/1999**
Entity Name: **ALLIANCEONE RECEIVABLES MANAGEMENT, INC.**
Entity Kind: **Corporation** Entity Type: **General**
Residency: **Domestic** State: **DELAWARE**

REGISTERED AGENT INFORMATION

Name: **THE CORPORATION TRUST COMPANY**
Address: **CORPORATION TRUST CENTER 1209 ORANGE ST**
City: **WILMINGTON** County: **New Castle**
State: **DE** Postal Code: **19801**
Phone: **302-658-7581**

Additional Information is available for a fee. You can retrieve Status for a fee of \$10.00 or more detailed information including current franchise tax assessment, current filing history and more for a fee of \$20.00.

Would you like Status Status, Tax & History Information

For help on a particular field click on the Field Tag to take you to the help area.

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EXHIBIT B



4850 Street Rd. Suite 300
Trevose, PA 19053

↑ Please send all correspondence to the above address

Telephone: 866-544-2755
March 9, 2015

Name: LATONIA M FOSTER
Account Number: 26145902
Client Reference Number: XXXXXXXXXXXX3301
Client: CAPITAL ONE BANK (USA), N.A.

Your account has been referred to our office for collections by our client, CAPITAL ONE BANK (USA), N.A.

Telephone: 866-544-2755

Our client has authorized us to reduce the balance of your past due account!

Our client will accept \$467.32 as a settlement.

Please follow the instructions outlined:

1. Make your money order or check payable as shown below.
2. Document payment as "Settled"

Upon receipt and clearance of your payment, we will immediately cease collection activity and will notify our client that you have satisfied your account. If you have any questions or concerns, please call our office and a representative will assist you.

As long as you haven't made other arrangements to repay this debt, you are eligible for this offer. For accounting purposes, your settlement must be received within 40 calendar days after the date on this letter. If you wish to make a payment proposal after that time, please call us to discuss it.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

Please be advised that any settlement which waives \$800.00 or more in principal of a debt may be reported to the Internal Revenue Service by our client. For additional information contact your tax professional.

This communication is from a debt collector. This is an attempt to collect a debt, and any information obtained will be used for that purpose.

↙ Detach Bottom Portion And Return With Payment ↘

S: 114899-L: 3096-O: CO4-DEF-3096-44

To contact us regarding your account, call:
866-544-2755

AllianceOne
Receivables Management, Inc.

Regarding: CAPITAL ONE BANK (USA), N.A.		
Client Reference Number	Balance	Settlement Amount
XXXXXXXXXXXX3301	\$718.96	\$467.32

↓ Please make check or money order payable to:

PAP-581-140

PO BOX 3004
Dept. 114165
PHOENIXVILLE PA 19460-0919



↑ Mail return address only; send no letters

AllianceOne Receivables Management Inc
PO Box 3111
Southeastern, PA 19398-3111



CO4 XXXXXXXXXXXX3301 26145902 7 00000000 0000071896 0000000000 5